PLACE OF BIRTH	
i. County of Lyla. ARIZON	IA STATE BOARD OF HEALTH
District ofBUREAU OF V	FICATE OF BIRTH County Registrar No.
or City of No.	Local Registrar No. 90 Ward
(If birth occurred in a nospital of distribution, give its limited of street and distribution	
3. Sex of Child To be answered ONLY ) 4. Twin, triplet or ot	her
s. FATHER	MOTHER
Full name Gront Guen J.	Full maiden name From Shorples
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
If nonresident, give place and state	If nonresident, give place and state
10. Color or race	16. Color or race  17. Age at last birthday 3.3 (Years)
12. Birthplace (city or place)	18, Birthplace (city or place)
13. Occupation Deput Sheriff Nature of industry	19. Occupation  Nature of industry
20. Number of children of this mother (a) Born alive and now living 21. Were precautions taken against opk- Taken as of time of birth of child herein (b) Born alive but now dead thalmis neonatorum?  (c) Stillbern	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  [ hereby certify that I attended the birth of this child, who was 2) 2 at 9 m. on the date above state  (Born alive or stillborn.)	
•When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.	Physician or midwife)
a supplemental report Month, day, year. Filed Filed	Jocal Registrar.
Registrar. 175-520	Ceunty Registrar.